

NEBRASKA PARKINSON'S DISEASE REGISTRY

Voluntary Individual Report

(Please Print)

Name: _____
 (First) (MI) (Last)

Social Security Number: _____

Gender: (Circle One) Male Female Date of Birth: _____

Address at time of Diagnosis: _____

Current Address: _____

Date of Diagnosis: Month _____ Day _____ Year _____

Physician Name & Address:_____

As provided by Neb. Rev. Stat. § 81-6,102 I am herewith filing a voluntary report of my diagnosis with Parkinson's Disease with the Regulation and Licensure Agency of the Nebraska Health and Human Services System.

(Signature)

(Date)

Complete and return this form to:

Jill Krause
Nebraska Health and Human Services System
Regulation and Licensure Agency
PO Box 95007
Lincoln, NE 68509-5007

To report via the web or for further information regarding the Nebraska Parkinson's Registry, please visit our website at www.hhss.ne.gov/ced/parkinson. These forms may be requested by contacting the Data Management Section at (402) 471-8582 or by email at www.parkinsons.hhss.ne.gov.